

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3		1				
4		2				
5	1					
6		1				
7		1				
8	1					
9	1					
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TOTAL IND.	5					
TOTAL DEP.	9					
TOTAL CLAIMS	14					

	IND	DEP	IND	DEP	IND	DEP
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